

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1				1			
2			1				
3			1				
4			1				
5			1				
6			1				
7			1				
8			1				
9			1				
10			1				
11			1				
12			1				
13			1				
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40			1				
41			1				
42			1				
43			1				
44			1				
45			1				
46			1				
47			1				
48			1				
49			1				
50			1				
TOTAL IND.			4				
TOTAL DEP.			57				
TOTAL CLAIMS			61				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
57		1					
58				1			
59				1			
60				1			
61				1			
62				1			
63				1			
64				1			
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85				1			
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87				1			
88				1			
89				1			
90				1			
91				1			
92				1			
93				1			
94				1			
95				1			
96				1			
97				1			
98				1			
99				1			
100				1			
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							